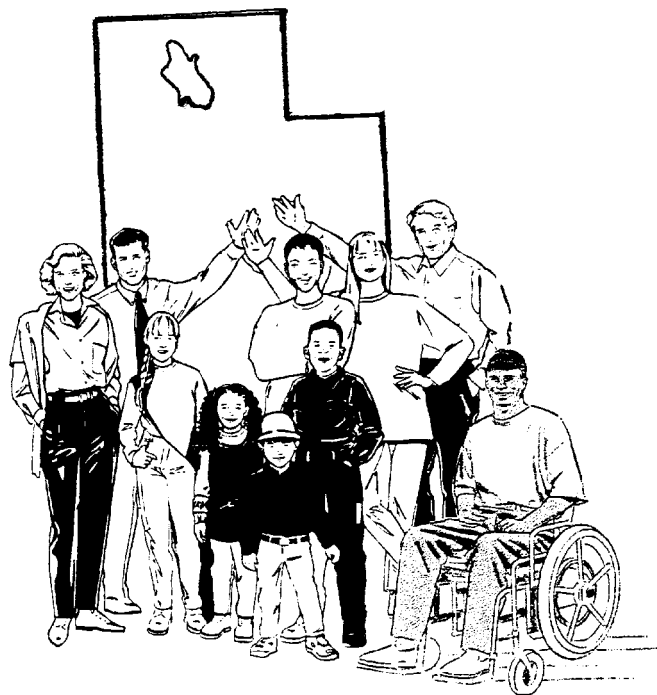


Your Guide to
Exploring Medicaid
 Wasatch Front



- ✓ Use this booklet for your questions about Medicaid.
- ✓ Read it.
- ✓ Write in it.
- ✓ Keep it in a place where you can find it.
- ✓ Make sure to read The Basics section.
- ✓ The Details section will tell you more.
- ✓ Plus there are “The Resources” in the back.
- ✓ This booklet could change without notice.

Who to call for help

Name	Phone
Medicaid Information Line:	538-6155 or 1-800-662-9651
My HMO:	
My Health Program Rep:	
My Eligibility Worker:	
My Doctor:	
My Pharmacy:	
My Mental Health Center:	
My Dentist:	

DOH PM 977
 03-01-03

Welcome

Welcome to Medicaid. We want you and your family to get the health care that you need. This booklet was written to help you learn how to use Medicaid.



You must apply to receive Medicaid benefits. To apply contact your local DWS (Department of Workforce Services) or BES (Bureau of Eligibility Services) office. Or, you may also call the Medicaid Information Line. The phone numbers are in the back of this book in “The Resources” section.

Tell us if you need someone to translate for you. We will find someone who speaks your language to explain our programs. Your Health Plan will also provide someone to translate for you. If you need help getting translation call:

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651

Diganos si usted necesita a alguien que traduzca para usted. Nosotros encontraremos a alguien que hable su idioma para que le explique nuestros programas. Su HMO y otros planes también le proveerán con alguien que traduzca para usted.

Medicaid and Choosing Your Health Plan:

- ◆ **DWS:** Medical with Financial or Food Stamps, you will attend a class with your HPR.
- ◆ **BES:** Medical only, your Eligibility worker will help you.

Choose a Health Plan or the State will choose one for you.

What is an HPR? (Health Program Representative)

An HPR works with the Medicaid program. HPR's work in DWS offices.

- ◆ Your HPR teaches classes about Medicaid and your Health Plan.
- ◆ During class your HPR will talk to you about the Health Plans in your area. Choose the Health Plan that will work best for you.
- ◆ You can change your Health Plan by contacting your HPR or BES worker.
- ◆ You will find a list of HPR phone numbers in the back of this book in “The Resources”.

The Basics

What is a Health Plan?

You **must** choose a Health Plan for your medical care. A Health Plan is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care. If a Health Plan doesn't meet your medical needs, talk to your HPR for a short term exemption.

Know your Health Plan and find out how it works. You may be contacted by your Health Plan and asked questions about your medical needs.

- ▶ The Health Plan is paid every month for you to be a member.
- ▶ The name of your Health Plan prints on your Medicaid card.
- ▶ You must use a doctor, clinic or hospital that takes your Health Plan or your bills may not be paid.
- ▶ Your provider will know where to send the bill.

Your Health Plan or Medicaid pays your doctor. If your doctor is paid less than the full amount, your doctor can't charge you for the rest of the bill.



The Health Plan won't be on your card the first month and sometimes the second month. If there is no Health Plan on your card you can use any provider that accepts Medicaid.

What if I have problems with benefits?

You may feel a service was denied unfairly or have an unpaid medical bill. You have the right to question these decisions and ask to have a Fair Hearing.



For decisions made by your Health Plan:

- ◆ Call your Health Plan to talk about the problem. Many times the problem can be taken care of that easily.
- ◆ Call your HPR. Sometimes they can help.
- ◆ If there is still a problem ask about a Grievance, an Appeal, or a Fair Hearing.
- ◆ If you still feel your Health Plan is being unfair you can ask for a Fair Hearing with the State.

For decisions made by the State:

- ◆ Call the Medicaid Information Line.
- ◆ Call your HPR.
- ◆ Ask for a Fair Hearing.

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651
to ask the State for a Fair Hearing

Can I change my Health Plan?

- ▶ Yes, you can change your Health Plan.
- ▶ You must call your HPR or BES worker by the 20th of the month to change your Health Plan for the following month.
- ▶ Remember! Changing your Health Plan may change all the doctors, clinics and other medical experts you may use.



What is a TPL? (Third Party Liability)

When you have other health insurance and Medicaid, this is called a TPL. You must let us know if there is insurance that covers anyone listed on your Medicaid card. Tell your worker as soon as possible if you get insurance for anyone who is on your case.

The TPL information will print on your Medicaid Card. You must call the TPL unit to make any changes. Their phone number prints on the bottom of each Medicaid Card.

You might have to choose a Health Plan to match your insurance. Your worker will tell ORS (**O**ffice of **R**ecovery **S**ervices) about your insurance.

- ▶ Your doctor's office bills your insurance first, then bills the State or your Health Plan for the part of the bill your insurance won't cover. Medicaid always pays last.

ORS TPL Unit
(801) 536-8798 or 1-800-821-2237

How do I use my card?

It is important to know how to use your Medicaid card so you won't have problems getting your bills paid.

- ▶ You will get a colored Medicaid Card* in the mail each month.
- ▶ Check your card each month. Make sure the information on your card is right.
- ▶ The Medicaid program you are eligible for prints on your card.
- ▶ Your Health Plan prints on your card.
- ▶ Keep your old cards for at least one year.
- ▶ If you don't receive your card or have lost it, call your eligibility worker.

Remember! Always show your card before you get any kind of medical care. Showing your card helps prevent billing problems.

* The **colored Medicaid Card** tells what program type you have. The color and Medicaid program types are as follows:

Purple Card = Traditional Medicaid (TM)
Blue Card = Non-Traditional Medicaid (NTM)
Yellow Card = Primary Care Network (PCN)

Is it urgent care I need or is it an emergency?

Urgent Care

Urgent care is needed when you have an illness or accident. You get urgent care when your problem is serious, but you could wait one day to see your doctor.



Urgent care problems usually don't cause permanent harm or death. For urgent care, call your doctor. You may be able to see the doctor that same day. Your Health Plan may have urgent care clinics which are open after normal office hours and weekends. Check your Health Plan provider directory.

Examples of urgent care:

- ◆ You fall and sprain your wrist or ankle.
- ◆ Your child wakes up in the night with an earache.
- ◆ You have a bad cough or high fever.
- ◆ You are vomiting a lot.
- ◆ You have a cut that needs stitches.

Emergency Care

Use emergency care when you have a serious medical problem that can't wait. In this case, waiting could mean permanent harm or death.

If you think your medical problem may be an emergency, call 911 or go to the emergency room right away. You don't have to call your doctor first. Your doctor may provide any needed follow-up care.

Use a hospital emergency room that participates with your Health Plan when possible.

Examples of emergencies:

- ◆ Heavy bleeding
- ◆ Chest pain
- ◆ Trouble breathing
- ◆ Bad burns
- ◆ Broken bones
- ◆ Poisoning



If you go to the emergency room for something that is not an emergency, you may have to pay a co-pay or the entire bill. If your doctor or Health Plan tells you to go to the emergency room, go as soon as possible.

Am I covered if I am out of the area?

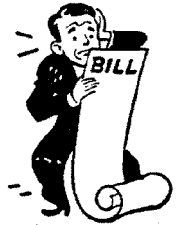
You are covered for urgent or emergency care when you are out of your service area or out of the state. If you are in Utah where there are no medical providers who take your Health Plan, this is called “out of the area.” If while visiting out of the area or out of state you have an emergency, ask the medical provider to bill your Health Plan. Ask the pharmacy to contact the Utah Medicaid Information Line. Routine care is not covered by your Health Plan when you are out of the area.

Your Health Plan pays the bill *as long as the provider is willing to bill* them for urgent or emergency care. You may need to call your Health Plan to report all out of area urgent or emergency care services.

Medicaid Information Line
Call (801) 538-6155 or 1-800-662-9651
If you have any questions about bills.

What do I do with medical bills?

Pay attention to the mail you get from your doctor’s office. You may get a bill from your doctor’s office. If the bill says “do not pay” or “your insurance has been billed” you don’t have to worry about the bill. If the bill says you owe you should:



1. Call your doctor’s office. Make sure they billed your Health Plan or the State, whichever one you had for the month you were seen.
2. If the doctor’s office did bill your Health Plan or the State but the bill is still not paid, call your Health Plan or the State.
3. If you have called your doctor’s office and your Health Plan or the State and you still have problems, call your HPR.

Don’t get stuck with the bill.

Be careful of the following things. You could end up paying your own medical bills:

- ◆ If you don’t show your card before getting care.
- ◆ If you don’t get a referral before seeing a specialist.
- ◆ If you see someone who isn’t part of your Health Plan.
- ◆ If you get a service Medicaid doesn’t cover.

Can I get Medicaid for past months?

You can apply for Medicaid coverage for past months. You won't have a Health Plan for those months. Ask your doctors to bill the State. Your doctors *do not* have to accept your Medicaid for past services, but sometimes they will.

What are my rights?

You have the right to get medical care no matter what your race, nationality, disability, sex, religion or age. If you feel you have been treated unfairly or discriminated against, call the State and ask for the Civil Rights Coordinator.

Anyone who thinks they might be eligible for Medicaid may apply. You have the right to be treated fairly and with courtesy and respect.



What if I have problems with eligibility?

When you apply for Medicaid you may be told you are not eligible. You may feel you've been treated unfairly. You have the right to do the following:



- ◆ Talk about the problem with your case worker and their supervisor.
- ◆ Call the "Office of Constituent Services" for help.
- ◆ Ask a worker for a Fair Hearing form. Most letters you receive from your worker will have a Fair Hearing form on the back. Fill it out and give it to your worker or their supervisor.

Office of Constituent Services
Medicaid only - (801)538-6417 or 1-877-291-5583
Medicaid with other programs such as food stamps or financial
help - (801) 526-4390 or 1-800-331-4341

Other important things to know?

Remember the State pays your Health Plan and other plans even if you don't use your Medicaid benefits. If you should not have been eligible, you may have to repay the State those payments.

What is a PCP? (Primary Care Physician)

A PCP is a doctor you see for most of your medical care. A PCP knows you, your medical history and your family history. You see a PCP for routine care and sudden illness too. A PCP refers you to specialists when you have serious medical problems. A PCP watches over and directs all of your medical care.

Here are examples of the kinds of doctors who are PCPs:

- ◆ Family Practice (for all ages)
- ◆ Internal Medicine (for adults)
- ◆ Pediatrician (for children)
- ◆ OB/GYN (for women)

Some Health Plans may require you to have a PCP.

If your Health Plan has you choose a PCP, you need to go to that doctor for most of your medical care. If your Health Plan doesn't have you choose a PCP, you can see any PCP who is with your Health Plan. You may need to get a referral before you see a specialist.

What is a Referral?

The doctor may send a form or call the specialist for you if your Health Plan requires a referral.

What is a Specialist?

A specialist is a doctor who works with certain health problems. Examples of doctors who are specialists.

- ◆ Cardiologist (Heart)
- ◆ ENT (Ear Nose and Throat)
- ◆ Orthopedist (Bone)

Your doctor might suggest a couple of specialists you could see. You must find a specialist who is part of your Health Plan. *You will have to pay the bill if you see a specialist who is not part of your Health Plan.*

What is Prior Approval?

To get some services covered by Medicaid your doctor may need permission first. This is called a prior approval. Most Medicaid services don't need a prior approval, but some do. Your doctor's office must get permission before they give you a service that needs a prior approval.

What is a co-pay?

Pregnant Women and children do not have a co-pay.

A message will be printed on your medical card if you have a co-pay. You may need to pay a fee or co-pay when you:

- ◆ Visit the doctor or clinic
- ◆ Visit the hospital for outpatient services
- ◆ Pick up your prescriptions

Other things you may want to know about the co-pay:

- ◆ If you do not pay your co-pay your doctor or medical provider can refuse to see you.
- ◆ Get a receipt for your co-pay from your medical provider each time you see them.
- ◆ Make sure you save your receipts.

What is a Co-Insurance?

You may have to pay a fee when you stay overnight as a patient in the hospital:

- ✓ A message will print on your medical card if you need to pay this fee.
- ✓ Get a receipt for your Co-Insurance from the hospital.

Is there a limit to how many prescriptions I can get?

You may have a limited number of prescriptions per month with some Medicaid programs.

- Medicaid will review your medical history to see if you need more than the allowed prescription limit each month.
- You may be notified when you have used more than the allowed prescriptions per month.
- Over the Counter Drugs will count as part of your total number of prescriptions.

What is an “Out of Pocket” maximum?

Each Medicaid program has a limit to the amount you pay in co-pays and co-insurance each year:

- The amount you pay is counted from January through December.
- Get receipts for your co-pays and co-insurances.

Call The Medicaid Information Line
(801) 538-6155 or 1-800-662-9651
if you have questions.

Benefits Covered by Medicaid

- ◆ Ambulance
- ◆ Birth Control
- ◆ Case Management
- ◆ CHEC Program or Well Child Exams
- ◆ Chiropractic Services
- ◆ Dental
- ◆ Doctor Visits
- ◆ Emergency Room
- ◆ Eye Exams and Eyeglasses
- ◆ Home Health Care
- ◆ Hospice Care
- ◆ Hospital
- ◆ Lab and X-ray
- ◆ Maternity Care
- ◆ Medical Supplies
- ◆ Mental Health
- ◆ Midwife Services
- ◆ Nursing Home Services
- ◆ Over-the-Counter Drugs
- ◆ Personal Care Services
- ◆ Physical Therapy/ Occupational Therapy
- ◆ Prescriptions
- ◆ Specialists
- ◆ Speech and Hearing Services
- ◆ Transportation Services
- ◆ Waiver Programs

We want you to find out more about the benefits covered by Medicaid. Some benefits may not be covered or may be limited depending on which Medicaid program you are eligible for.

Ambulance

When seconds count call 911 for an ambulance. Medicaid covers ambulance services in an emergency. Air ambulance is covered when a ground ambulance can't get you to medical care fast enough. Tell the ambulance to take you to a hospital that is with your Health Plan if possible.

Birth Control

You may get family planning services from any provider who accepts State Medicaid without a co-pay. You don't need a referral. You can get some types of birth control in the doctor's office. For others, the doctor will write a prescription. The following forms of birth control may be covered by your Medicaid program.

- ◆ Birth Control Pills
- ◆ Foams
- ◆ Creams
- ◆ Diaphragms
- ◆ IUDs
- ◆ Norplant
- ◆ Birth Control Patches
- ◆ Shots (Depoprovera)
- ◆ Condoms
- ◆ Emergency Birth Control (Morning After Pill)
- ◆ Sterilization*

*Medicaid may pay for a woman to get her tubes tied or a man to have a vasectomy (sterilization). You must be 21 or older and both you and your doctor must sign a "consent form" 30 days before the surgery. Medicaid doesn't pay to reverse these surgeries.

Case Management

Some Health Plans have case management programs. If you have serious health problems, ask to speak with a case manager with your Health Plan. A case manager helps make sure you get the care you need.

CHEC Program or Well Child Exams

CHEC is for **C**hild **H**ealth **E**valuation and **C**are. This is a special benefit for children on Medicaid. It's about keeping children healthy. Anyone from birth through age 20* who is on Medicaid can get CHEC covered services.

*NTM (Non- Traditional Medicaid) covers CHEC exams through age 18.

Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they lead to a serious problem.



CHEC services include:

- ✓ Well child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, lead screening (if requested) and growth and development check.
- ✓ Shots (immunizations) to keep your child healthy.

- ✓ Dental checkups by your child's dentist. A complete exam and cleaning twice a year. Fluoride treatment and sealants are covered for children. Your child's first dental visit should be at age one.
- ✓ Follow up treatment and care if a health problem is found during a CHEC exam.
- ✓ Children may receive benefits that are usually not covered by Medicaid.

When should my child have a CHEC checkup?

- ☐ Newborns - as soon as possible after birth.
- ☐ Babies - 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Shots are due at many of these visits.
- ☐ Toddlers - ages 3, 4, and 5. More shots are due at some of these visits.
- ☐ Children - ages 6, 8, 10 and 12.
- ☐ Teenagers and Young Adults - ages 14, 16, 18 and 20.

If you missed one of these ages, take your child in as soon as possible. Ask for a CHEC exam while making the appointment and tell your doctor you have Medicaid. Remember to take your child's shot record with you.

Your local health department has more information about the CHEC program. Call and they will help you make an appointment for a CHEC exam. Or, you can call your doctor or dentist yourself. The numbers for the local health departments are in "The Resources" section at the back of this book.

Chiropractic Services (Chiropractic Health Plan)

Your chiropractic benefits are covered under the Chiropractic Health Plan. Your plan pays the bills for your chiropractic care. You may see any chiropractor who is on the plan.



Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or 1-800-339-5958.

Dental Benefits

Dental Services are limited to some treatment of pain and infection for most adults receiving Medicaid. Children and pregnant women receive additional benefits.

The State has clinics where you can get your dental care. They are called **Family Dental Plan** clinics. Check "The Resources" section to see if there is one in your area. You can also call your dentist to see if they accept Medicaid. Or, you can call the Medicaid Information Line for names of dentists in your area.

<p>Medicaid Information Line Call (801) 538-6155 or 1-800-662-9651</p>
--

Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your primary care doctor. If your doctor feels your problems are too serious to treat in the office, your doctor may refer you to a specialist. Make sure that you see a doctor who accepts your Health Plan.

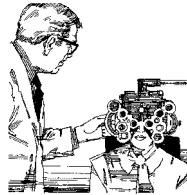
Emergency Room

Use the emergency room only when you have a serious medical problem that cannot wait. Waiting could mean permanent harm or death.

In an emergency, call 911 or go to the emergency room right away. You don't have to call your doctor first. Your doctor may provide any care needed to follow up after the emergency. We have explained the emergency room in more detail earlier in the book.

Eye Exams and Eyeglasses

Medicaid *may* cover services for both Optometrists and Ophthalmologists. An Optometrist is trained to examine eyes and prescribe eyeglasses. An Ophthalmologist is a medical doctor who specializes in eye disease and can perform eye surgery.



You may need to get a referral from your doctor before you see an Ophthalmologist. You don't need a referral to see an Optometrist.

If glasses are a covered benefit under your program, your provider will show you a selection of glasses to choose from that Medicaid will pay for in full. You can choose more expensive eyeglasses. But, you must pay the difference between what your Health Plan pays and the cost of the more expensive glasses. Make sure you sign an agreement if you are going to pay for more expensive glasses.

Home Health Care

Home health care is for people who are too sick to leave their home. It is for people who can't go to the doctor's office for care they need, but don't need to be in a hospital or nursing home. To receive home health care prior approval is needed.

Some benefits you *might* receive in your home are:

- ◆ Physical Therapy
- ◆ Nursing
- ◆ Home Health Aides

If you need home health care talk to your doctor. Your doctor must write an order. You must use a Home Health Agency that is part of your Health Plan.



Hospice Care

Hospice care is for people who are sick with no hope of getting better. Hospice care helps people to be comfortable when they are dying. Talk to your doctor if you need these services.

Hospital Care

Medicaid covers both inpatient and outpatient hospital care. Before you use hospital services, you need a referral from your doctor. For some hospital services you need prior approval. Use a hospital that is with your Health Plan.

Lab and X-ray Services

Many Lab and X-ray services are covered by Medicaid. You might get these services in your doctor's office. Your doctor might need to refer you to another clinic, lab or hospital that is with your Health Plan.

Maternity Care

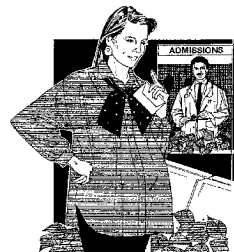
If you think you are pregnant, see a doctor as soon as possible. To receive prenatal benefits, call your worker to report the pregnancy. Early maternity care helps you give birth to a healthy baby.

You may choose to see a specialist such as an OB-GYN or a CNM (Certified Nurse Midwife) that is with your Health Plan. Medicaid covers:

- Prenatal visits, lab work and tests you may need (like an ultrasound).
- Charges for labor and delivery.
- Anesthesia (pain treatment).
- Hospital stay.
- Your 6 week checkup after the baby is born.

You can stay in the hospital for as long as your provider feels it is necessary.

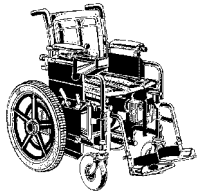
Your baby *may* be covered by Medicaid for a year. Call your eligibility worker as soon as possible to report the birth of your baby.



Medical Supplies

Medicaid *may* cover many medical supplies. Some examples of Medical Supplies are:

- Wheelchairs
- Prosthetic devices
- Bandages or wound care supplies
- Vaporizers or humidifiers



Talk to your doctor if you need medical supplies. Your doctor may write an order. Give the order to a medical supplier who is with your Health Plan.

Mental Health

Every month we pay money so you can be part of a **Prepaid Mental Health Plan (PMHP)**. The PMHP's name prints on your Medicaid card. A list of PMHP's are in "The Resources" section of this booklet. The PMHP pays most of your mental health bills.

Mental Health Services your PMHP can provide are:

- ◆ Inpatient mental health services
- ◆ Evaluations
- ◆ Medication Management
- ◆ Psychological Testing
- ◆ Individual and Group Therapy
- ◆ Skills Development Services
- ◆ Case Management Services
- ◆ Transportation to Mental Health appointments (Call your PMHP or talk to your therapist if you need assistance with transportation).



Children who are in foster care get inpatient mental health Services through the PMHP.. Outpatient Mental Health Services are paid for by the State. Foster care children can use any provider who accepts State Medicaid for outpatient Mental Health Services.

If you need inpatient drug or alcohol detox services, check with your Health Plan. You can get outpatient substance abuse services from any Medicaid substance abuse provider.

What if I have problems with Mental Health benefits?

You may think a Mental Health service was denied when it shouldn't have been. You might have an unpaid Mental Health bill. You have the right to question these decisions and ask to have a Fair Hearing.

For decisions made by your PMHP that you don't agree with:

1. Call your therapist or PMHP to talk about the problem.
2. Call the Medicaid Information Line.
3. Call your HPR.
4. If there is still a problem, ask your PMHP about filing a grievance.
5. If you still feel your PMHP is being unfair, ask for a Fair Hearing with State Medicaid (see page 6 of this booklet.

Midwife Services

You can choose to see a midwife for care during your pregnancy. You must choose a certified and licensed midwife who is with your Health Plan. Certified midwives can deliver babies in the hospital in case of an emergency during delivery.



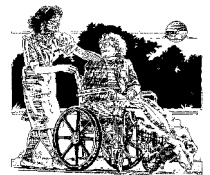
Nursing Home

Medicaid covers nursing home care. Long term care is when a person stays in a nursing home more than 30 days. Long term nursing home patients do not have to select a Health Plan. Talk to your worker about any special rules with long term nursing home eligibility.

Short term care is when a patient goes from a hospital to a nursing home to continue recovering. When this stay is less than 30 days they will continue with their Health Plan.

Personal Care Services

Personal Care Services such as bathing, feeding and dressing may be covered. This help is for people who can't do these things for themselves. Personal care is provided by a home health care aide. Talk to your doctor if you need these services. The services are provided by a home health agency that is with you Health Plan.



Physical Therapy / Occupational Therapy

Physical therapy may be covered for some serious problems. Physical therapy may be ordered by your doctor when it will improve your medical condition. Make sure to use a physical therapist who is with your Health Plan. Call your Health Plan for help finding a physical therapist.

Prescriptions

Not all drugs are covered, even with a doctor's prescription. Generic brands are covered by Medicaid. If there is no generic brand for the drug you need you may get the name brand. Some prescriptions require prior approval.

The number of prescriptions Medicaid will pay for each month may be limited by your Medicaid program.

- Medicaid will review your medical history to see if you need more than the allowed prescriptions per month.
- Over the Counter Drugs will count as part of your allowed prescriptions.
- If you have any questions call the Medicaid Information Line.

Your Medicaid card will say whether or not you have to pay a co-pay for prescriptions.



Over-the-Counter Drug List

Medicaid covers many over-the-counter medicines like aspirin, Tylenol, cough and cold remedies. You need a prescription for Medicaid to pay for them. Here is a list of covered drugs. **Remember: Over-the-Counter drugs are counted towards your monthly prescription limit.**

Listed are some common brand names to help you know what is covered. Prescriptions are filled with the generic brand.

Acetone tests
Actifed *
Alcohol swabs
Antacid liquid & tablets (Tums)
Aspirin*
Axiid AR
Benadryl*
Benylin
Buffered aspirin*
Calcium tablets (but not oyster shell)
Chlor-trimeton
Citrate of Magnesia
Codimal DM
Contraceptive creams, foams, tablets, condoms*
Dramamine
Drixoral
DSS caps, liquid, syrup and concentrate drops %5*
Dulcolax*
Glucose blood tests, Chemstrip BG, One-touch, Ultra etc.
Glucose urine tests, Clinitest, Clinistix, Diastix, etc
Glucose
Gyne-Lotrimin*
Hydrocortisone cream, ointment or suppositories*
Imodium AD*



Insulin*
 Insulin syringe (with disposable needle) 100 max
 Iron supplement (Ferrous Salts)
 Kaopectate
 Lancets (Does not count toward monthly limit)
 Lotrimin, Lotrimin AF*
 Maalox suspension
 Mag-Carb
 Metamucil*
 Milk of Magnesia*
 Monistat 7*
 Motrin tablets or drops*
 Mycelex OTC
 Naldecon DX
 Neosporin ointment*
 Niacin 250 mg, 500 mg
 Nix*
 Pediacare Cough-Cold
 Pedia Relief Cough & Cold
 Pedialyte (covered only until age 10)
 Pepcid AC*
 Pepto-Bismol
 Poly Vi Sol (under age 5)
 Prophyllactics or condoms, male and female*
 Rid*
 Robitussin*
 Robitussin DM*
 Sudafed
 Tagamet HB*
 Tavist 1
 Tri Vi Sol (under age 5)
 Triaminic line* (generic only for Non Traditional)
 Tylenol *
 Zantac 75*

Non-Traditional Medicaid covers only the drugs with the ().

This list may change without notice.

Specialists

Your doctor may refer you to a specialist if you have a serious health problem. Make sure you use a specialist who works with your Health Plan.

Speech and Hearing Services

Some Medicaid programs *may* cover Speech and Hearing Services. Your doctor may refer you to a speech therapist or an audiologist.

Transportation Services

If you do not have a car or a way to get to the doctor, Medicaid may cover your trip to and from medical appointments. This may include:

- ◆ UTA Bus Pass
- ◆ UTA Flex Trans
- ◆ ***PickMeUp*** Medical Transportation

UTA Bus Pass - Call your Medicaid case worker and ask if you Medicaid program covers a bus pass. If it is a benefit, the pass will come in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.

UTA Flex Trans- If there is a medical reason you can't use the bus, you may qualify for services through UTA FlexTrans. To apply for this service call UTA at:

Salt Lake City	287-7433
Weber/Davis County	393-1736
Utah County	374-9306

PickMeUp - For Routine transportation from **PickMeUp**, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for **PickMeUp**.

For Urgent care you do not need a letter on file. **PickMeUp** will call your doctor to verify the need for urgent care.

Call **PickMeUp**
1-888-822-1048

Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. If you do, you will get some extra benefits. Waivers let Medicaid pay for support and services to help people live safely in their own homes or the community.

The services may include:

- ◆ Emergency response service
- ◆ Homemaker service
- ◆ Group home
- ◆ Day treatment center
- ◆ Adult day care
- ◆ A private nurse
- ◆ Family support
- ◆ Respite care for family members who need a break from caring for disabled or elderly family members
- ◆ Someone to help you work at a job
- ◆ Transportation to places other than a doctor's office or clinic.



Waivers allow Medicaid to pay a Case Manager to help you get this care. The extra services are different for each waiver program.

These programs limit the number of people who may be served. For information about how to apply for a waiver program, call the numbers below.

- ◆ Brain Injury Waiver
Call DSPD (**D**ivision of **S**ervices for **P**eople with **D**isabilities) at (801) 538-4200
- ◆ DDMR Waiver (**D**evelopmentally **D**isabled/
Mentally **R**etarded)
Call DSPD at (801) 538-4200
- ◆ Technology Dependant/ Medically Fragile Children
Waiver (Sometimes called the Travis-C Waiver).
Call CSHCS - **C**hildren's **S**pecial **H**ealth **C**are
Services at 1-800-829-8200
- ◆ Aged Waiver
Call AAA (**A**rea **A**gency on **A**ging)
1-800-541-7735
- ◆ Personal Assistance Waiver
Call (801)538-4200

Other State Programs

- ◆ CHIP (Child Health Insurance Program)
- ◆ FQHC (Federally Qualified Health Centers)
- ◆ PCN (Primary Care Network of Utah)
- ◆ QMB (Qualified Medicare Beneficiary)
- ◆ The Restriction Program
- ◆ Spenddown Program (Medically Needy)

CHIP (Child Health Insurance Program)

CHIP is a program for children who don't have medical insurance. If a child is not eligible for Medicaid because of family income or assets, the worker will see if the child is eligible for CHIP. CHIP has a higher income limit than Medicaid. It also has no asset limit. If you are interested in more information about CHIP call: 1-888-222-2542

FQHC (Federally Qualified Health Centers)

Utah has a number of FQHCs. These are clinics that have received special grant money to provide medical care to people who don't have any insurance. They also see Medicaid patients.

If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in "The Resources" section.

PCN (Primary Care Network of Utah)

The PCN program is for people who do not qualify for Medicaid, have no other health insurance and meet income guidelines. The PCN program covers:

- ▶ Care from your Primary Care Physician
- ▶ Limited pharmacy
- ▶ Limited dental

There will be an enrollment fee. The PCN program does not cover care from a specialist or inpatient hospital services. The program is for people age 19-64. With this program you will be required to pay co-pays and co-insurance. For more information call 1-888-222-2542.

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays and deductible. To learn more about the QMB program, contact the office where you apply for Medicaid.

Some people get both QMB and Medicaid. If you are eligible for QMB only (no Medicaid benefits), you will receive a special QMB card showing you are eligible for the program. *This program is limited to Medicare benefits only.* Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your co-pays and deductibles are covered.

Restriction Program

The Restriction Program is for people who have a serious problem knowing how to use their Medicaid card. If someone is placed in the Restriction Program they will have a doctor and pharmacy that prints on their card along with their Health Plan. They need to get all of their care from the one doctor and all their prescriptions from the one pharmacy.

If you are part of the Restriction Program you are allowed to change the doctor and pharmacy. You must go through your Restriction Program Manager. You can contact them by calling (801) 538-9984 or 1-800-662-9651 (press #900).

Spenddown Program (Medically Needy)

Spenddown is when you pay to receive a Medicaid card. You pay the amount you are above the Medicaid income limit. You must meet all other conditions to qualify. Not all Medicaid programs allow you to spenddown.

The Resources



The Resources

Access Utah Network-Disability Information & Referral

155 S 300 W Suite 100 Salt Lake City, 84102
 801 533-INFO
 Toll Free Dial '1' & Then 800 333-UTAH

Aging Services

2001 S State, #S-1500 Salt Lake City, 84190
 801 468-2454
 Weber County, Ogden 801 625-3771
 Davis County, Farmington 801 451-3385
 Utah, Summit & Wasatch County 801 229-3804

AIDS/HIV Prevention and Services

288 N 1460 W Salt Lake City, 84114
 801-538-6096
 Toll Free Dial '1' & Then 800 537-1046

AIDS/Ryan White Title II

(Support services for people with AIDS/HIV)
 288 N 1460 W Salt Lake City, 84114 888-767-0055

AIDS/Ryan White Title III

(Medical Services for people with AIDS/HIV)
 50 N Medical Drive Salt Lake City, 84132
 801 581-8479

American Red Cross

465 S 400 E Salt Lake City, 84110 801 323-7000
 Toll Free Dial '1' & Then 800 328-9272

Arthritis Foundation

448 E 400 S Suite 103 Salt Lake City, 84111
 801 536-0990
 Toll Free Dial '1' & Then 800 444-4993

Baby Your Baby Hotline

Toll Free Dial '1' & Then 800 826-9662

Blind and Visually Impaired (Division of Services)

250 N 1950 W STE B, Salt Lake City, 84116
 801 323-4343
 Toll Free Dial "1" & Then 800 284-1823

BES (Bureau of Eligibility Services) Medicaid

..... 801 538-9984
 Toll Free Dial '1' & Then 800 662-9651

Cancer Information Service

Toll Free Dial '1' & Then 800 4-CANCER

Catholic Community Services

2570 W 1700 S Salt Lake City, 84104
 801 977-9119
 Ogden 801 394-5944

CHEC (Child Health Evaluation and Care) Program

..... See "Local Health Depts"

CSHCS (Children's Special Health Care Services)

Toll Free Dial '1' & Then 800 829-8200

CHIP (Child Health Insurance Program)

Toll Free Dial '1' & Then 888 222-2542

Chiropractic Health Plan

9135 S Monroe Ste B Sandy, 84070
 801 352-7270
 Toll Free Dial '1' & Then 800 339-5958

CAP (Community Action Program)

764 S 200 W Salt Lake City, 84101 ... 800 796-2444

Constituent Services

Governor's Office
 Toll Free Dial '1' & Then 800 705-2464
 (Medicaid only)
 Toll Free Dial '1' & Then 877 291-5583
 (Medicaid with other programs)
 Toll Free Dial '1' & Then 800 331-4341

Deaf, Utah Association for the , Inc.

5709 S 1500 W Salt Lake City, 84123 . 801 263-4860

Diabetes Association

340 E 400 S Salt Lake City, 84111 801 363-3024
 Toll Free Dial '1' & Then 800 888-1734

Disabled Rights Action Center

2757 S 300 W Salt Lake City
 Toll Free Dial '1' & Then 800 478-9314

DSPD (Division of Services to People with Disabilities)
655 E 4500 S Murray, 84114 801 264-7620

Domestic Violence Information
Toll Free Dial '1' & Then 800 897-5465

Easter Seal Society of Utah
638 E Wilmington Ave Salt Lake City, 84106
Toll Free Dial '1' & Then 800 388-1991

Family Dental Plans
Layton: 360 S Fort Lane Bld 3 Suite A Layton, 84041
..... 801 546-2263
Ogden: 298 24th St. Suite 360 Ogden, 84401
..... 801 394-4495
Provo: 150 E Center St. Suite 1100 Provo, 84606
..... 801 374-7011
Salt Lake City: 2121 S 230 E Salt Lake City, 84115
..... 801 468-0342
Salt Lake City: 4535 S 5600 W Salt Lake City, 84120
..... 801 969-8243
St George: 321 N Mall Dr Suite 101 St George, 84771
..... 435 652-3806

FQHC (Federally Qualified Health Centers)
Carbon Medical Services
305 Center St. East Carbon, 84520 435 888-4411
Central City Community Health Center
461 S 400 E Salt Lake City, 84111 801 539-8617
Copperview Community Health Center
8446 S Harrison Midvale, 84047 801 566-5494
Duchesne Valley Medical Center
50 E 200 S Duchesne, 84021 435 738-2426
Enterprise Valley Med. Center
223 S 200 E Enterprise, 84725 435 878-2281
Green Valley Medical Center
305 W Main, Green River, 84525 435 564-3434
Midtown Community Health Center
670 28th Street Ogden, 84403 801 393-5355
Montezuma Creek Health Center
262 Montezuma Creek, 84534 435-651-3291

Mountainlands Community Health Center
215 W 100 N Provo, 84601 801 374-9660
Oquirrah View Community Health Center
4745 S 3200 W Salt Lake City, 84118
..... 801 964-6214
Stephen D. Ratcliffe Health Clinic
1365 W 1000 N Salt Lake City, 84116
..... 801 328-5750
Wasatch Homeless Health
404 S 400 W Salt Lake City, 84101 801 364-0058
Wayne County Medical Clinic
128 S 300 W Bicknell, 84175
..... 435 425-3744
For more locations call the Medicaid Information Line
..... 801 538-6155
Toll Free Dial '1' & Then 800 662-9651

Health Clinics of Utah
Ogden: 2540 Washington Blvd, Ste 122 84401
..... 801 626-3670
Provo: 150 E Center St, Rm1100, 84606
..... 801 374-7011

Health Plans
Healthy U
Toll Free Dial '1' & Then 888 271-5870
IHC Access (Medicaid Information Line)
Toll Free Dial '1' & Then 800 662-9651
Molina (formerly AFC)
Toll Free Dial '1' & Then 888 483-0760

HPRs (Health Program Representatives)
American Fork
895 N 900 E American Fork, 84003 801 374-7864
Clearfield
1350 E 1450 S Clearfield, 84015 801 776-7377
Ogden
2540 Washington Blvd. Ogden 84402 or
480 27th St Ogden, 84401 801 626-3351
or call 801 626-3350

Provo
 150 E Center Street Provo, 84606 or
 1550 N Freedom Blvd Provo, 84604 801 374-7864

Roy
 1951 W. 5400 So. Roy, 84067 801 776-7200

Spanish Fork
 1185 N Chappel Drive Spanish Fork, 84660 . . 801 374-7864

SLC/ Expo
 158 S 200 W Salt Lake City, 84145 801 524-9071

SLC/ Metro
 720 S 200 E Salt Lake City, 84111 801 536-7112

SLC/ Midvale
 7292 S State St Salt Lake City, 84047 801 567-3835

SLC/ South County
 5735 Redwood Rd Taylorsville, 84123 801 269-4860
 or call 801 269-4890

West Valley
 2750 So 5600 W West Valley City, 84120 . . . 801 840-4456

Woods Cross
 763 W 700 S Woods Cross, 84087 801 298-6600

Information & Referral 211

Local Health Departments

Bear River District Health
 655 E 1300 N Logan, 84321 435 752-3730

Bountiful Clinic
 1650 S Main #109B Bountiful, 84010 801 451-3310

Central Utah Health Dept
 70 Westview Dr. Richfield, 84701 435 896-5451

Davis County Health Dept
 Courthouse Annex: 50 State St Farmington, 84025
 801 451-3310

Ellis Shipp Public Health Clinic
 4535 S 5600 W West Valley City, 84120 801 963-7335

Layton Clinic
 360 S Fort Lane Layton, 84041 801 451-3310

Rose Park
 1625 W 700 N, Salt Lake City, 84116 801 322-0502

Salt Lake City/County Health
 610 S 200 E Salt Lake City, 84111 801 468-2750
 2001 S State St Salt Lake City, 84190 801 468-2800

South East Clinic
 9340 S 700 E Sandy, 84070 801 255-7114

South Main Public Health
 3195 S Main St. Salt Lake City, 84115 801 464-8966

Southeastern Utah District Health
 28 S 1st E PO Box 800 Price, 84501 435 637-3671

Southwest Utah Public Health
 285 W Tabernacle St George, 84770 435 673-3528

Summit City/County Health
 85 N 50 E PO Box 128 Coalville, 84017 (Ext 3222)
 435 336-4451

Tooele County Health
 151 North Main Tooele, 84074 435 843-2310

TriCounty Health
 147 E Main St. Vernal, 84078 435 781-5475

Utah City/County Health
 589 S State St Provo, 84606 801 370-8700

Wasatch City/County Health
 805 W 100 S PO Box 246 Heber, 84032 435 654-2700

Weber/ Morgan District Health
 2233 Grant Ave Ogden, 84401 801 399-6150

Weber/ Morgan District Health
 2570 Grant Ave. Ogden, 84401 801 399-8433

West Jordan
 1740 W 7800 S Salt Lake City, 84084 801 569-4370

Lung Association
 1930 S 1100 E Salt Lake City, 84106
 Toll Free Dial '1' & Then 800 LUNG-USA

Make a Wish Foundation
 2091 E 4800 S, STE 15, Salt Lake City, 84117
 Toll Free Dial '1' & Then 800 860-9474

March of Dimes
 515 E 4500 S , Murray, 84107 801 293-3300
 Toll Free Dial '1' & Then 877-881-9255

Medicaid Information Line 801 538-6155
Toll Free Dial '1' & Then 800 662-9651

Medicare Information
Toll Free Dial '1' & Then 800 633-4227

Medicare Claims Information
Medicare A-Hospitals 877-602-8817
Medicare B-Physicians 800-426-3477
Toll Free Dial '1' & Then 800 426-3477

Mental Health Centers
Bear River Mental Health
Counties-Box Elder, Cache, Rich ... 435 752-0750
Central Utah Mental Health
Counties-Puite, Sevier, Juab, Wayne, Millard,
Sanpete
Toll Free Dial '1' & Then 800 523-7412
Davis Mental Health
County-Davis 801 451-7799
Four Corners Mental Health
Counties-Carbon, Emery, Grand ... 435 637-2358
Northeastern Counseling Center
Counties- Duchesne, Uintah, Daggett 435 789-6300
San Juan Mental Health
County-San Juan 435 678-2992
Southwest Mental Health
Counties-Beaver, Garfield, Iron, Kane, Washington
..... 435 634-5600
Valley Mental Health
Counties-Salt Lake, Summit, Tooele . 801 263-7100
Wasatch Mental Health
Counties-Utah, Wasatch 801 373-4760
Weber Mental Health
Counties-Morgan, Weber 801 625-3700
For counties not listed call Medicaid Information
..... 801 538-6155
Toll Free Dial '1' & Then 800 662-9651

PCN (Primary Care Network)
Toll Free Dial '1' & Then 888 222-2542

Planned Parenthood Clinics 800 230-PLAN

PickMeUp
Toll Free Dial '1' & Then 888 822-1048

Poison Control 800 222-1222

Pregnancy Risk Line 800 822-BABY

Restriction Program 801 538-9045
Toll Free Dial '1' & Then 800 662-9651

Ronald McDonald House
935 E South Temple, Salt Lake City, 84102 801 363-4663

Salt Lake County Division of Substance Abuse
2001 S State Suite S2300 Salt Lake City, 84190
..... 801 468-2009

Shriners Hospital
Fairfax Road at Virginia Street Salt Lake City, 84103
..... 801 536-3500

Social Security Administration
202 W 400 S Salt Lake City, 84101 801 524-4115
Toll Free Dial '1' & Then 800 772-1213 (US)

TriCounty Children's Dental Clinic
198 W 200 N Vernal, 84078 435 781-0875

Utah Aids Foundation
1408 S 1100 E Salt Lake City, 84105 801 487-2323
Toll Free Dial '1' & Then 800 FON-AIDS

Utah Issues 800-331-5627

Utah Legal Services
205 N 400 W, Salt Lake City, 84013 801 328-8891

Utah Assistive Technology Foundation
6835 Old Main Hill, Logan, 84322-6835
Toll Free Dial '1' & Then 800 524-5152

Veterans Affairs Medical Center
500 Foothill Drive, Salt Lake City, 84148 ... 801 582-1565
Toll Free Dial '1' & Then 800 613-4012

WIC (Women, Infants, and Children)
288 N 1460 W Salt Lake City, 84114 801 538-6960
Toll Free Dial '1' & Then 800 662-3638

Workforce Services
General Information 801 526-9364



State of Utah
Department of Health
PO Box 143108
Salt Lake City, Utah 84114-3108